

SUPPLEMENTARY WORK HISTORY QUESTIONNAIRE
For
INSTRUMENTATION CONTROL SUPERINTENDENT

1. The information in this supplementary questionnaire will be used as a basis for your grade for the Evaluation of Education and Experience examination component for the position of Instrumentation Control Superintendent.
2. **THIS IS A TEST.** The Evaluation of Education and Experience score will be based only on the information requested in this questionnaire. **It is your responsibility to provide all the requested information clearly and completely.** A resume may not substitute for completion of the supplement. Be advised, if necessary, we may request specific examples of reports and studies. A candidate that fails to complete this questionnaire will no longer be considered for this position. Information cannot be added at a later date.
3. Please print in ink or type your responses. Anything illegible will not be evaluated.
4. Supplemental Questionnaires returned illegible or received after the deadline will not be evaluated and the applicant will no longer be considered for this position.
5. If you have any questions, contact David Rogers at (915) 541-4298 or at RogersDA@elpasotexas.gov

**THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE RETURNED TO THE HUMAN RESOURCES
DEPARTMENT BY FAX, MAIL OR IN PERSON NO LATER THAN
5:00 P.M., FRIDAY, APRIL 14, 2006**

Human Resources Department
City of El Paso
Attn: David Rogers
Two Civic Center Plaza
El Paso, TX 79901-1196
Fax: (915) 541-4220

Please read the statement below and sign it after completing the supplementary questionnaire.

I certify that my statements in this questionnaire are true, complete and correct to the best of my knowledge and belief. I understand that any falsification and/or omission of information may bar me from the examination, remove my name from the eligible list or if I have been appointed, cause my dismissal from the position. I also agree that all statements may be investigated.

Signature_____ Date_____

Name_____ (Printed or Typed) SSN_____

Telephone_____

EDUCATION AND TRAINING

- I. Briefly describe any professional training (workshops, seminars, etc.) you have had which relates to this position. Use additional paper if necessary. Include copies of certificates received. Copies of the certificates must be included in order to count as continuing education credits. The certificate(s) must include course hours.

<u>Title</u>	<u>Date</u>	<u>Course Length</u>

WORK EXPERIENCE INSTRUCTIONS SHEET

In this section, we would like you to elaborate on your work experience. You can either use our sheet on page 4 of this document or use your own paper. Whichever you choose, all information must be complete and formatted as indicated below. In order to uniformly evaluate everyone's experience, you **must** follow the format in the example.

There are several evaluation factors described on pages 4 and 5. We are interested in the work experience that you have gained in all of these areas for each of the positions you have held.

For each position use a different **Work Experience Sheet** to write a brief, concise description of your duties and responsibilities. **Avoid using vague, non-descriptive phrases such as "assisted in" or "coordinated" unless clarified by additional information.** The description should include how your role demonstrated each of the duties listed under each factor. If you do not have experience in an area, write NONE. It is not necessary to have experience in all areas to do well on this test.

In the indicated percent area, list the percentage of your work time that you spent in each factor. If you spent about a quarter of your day supervising employees, for example, you would write 25% next to that position in the Management/Supervision factor. **Please note that the total time spent performing the Evaluation Factors cannot exceed 100% per position.**

EXAMPLE OF FORMAT:

EMPLOYER: ABC Company

EMPLOYED FROM 10/97 TO 10/99 40
(Month/year) (Month/year) (Hours worked per week)

JOB TITLE Case Worker

YOUR SUPERVISOR Jane Doe

HIS/HER TITLE Manager

25% SUPERVISION: Briefly outline your supervisory experience. Indicate the section under your responsibility, the title and number of employees you supervised, whether or not they were full time, and the level of authority you had (i.e. did you initiate/sign performance evaluations for staff, did you administer a formal discipline plan, etc.). If applicable, include a description of your experience with staff training and development.

Directly supervised two full time clerks. I defined their work responsibilities, checked their progress, verify completed work, and filled out their performance evaluations. I implemented a staff training program for internet usage.

WORK EXPERIENCE SHEET

Using the *Work Experience Instructions Sheet* for guidance, start with your present or most recent position and list your experience in terms of your duties. If during your employment by any one employer you were promoted and/or your job duties were drastically changed, treat them as separate positions using additional paper as necessary.

EMPLOYER: _____

EMPLOYED FROM: _____ TO _____
(Month/year) (Month/year) (Hours worked per week)

JOB TITLE: _____

YOUR SUPERVISOR: _____

HIS/HER TITLE: _____

Total time spent performing the following Factors cannot exceed 100% per position.

EVALUATION FACTORS:

_____% **PROCESS CONTROL SYSTEMS:** Describe your experience in all areas of process control systems, both hardware and software. Include specifics in the areas of control system management; compliance with federal, state, local and departmental standards; development of process control, instrumentation and telemetry standards; design, specification and implementation of automated process control systems.

_____% **ADMINISTRATIVE FUNCTIONS:** Describe in detail your experience in the following areas; overseeing the documentation and submission of reports; preparation of specifications for the purchase of hardware and software solutions; administration of a networked PC based Supervisory Control and Data Acquisition (SCADA) system; disaster recovery planning; emergency call response related to system malfunctions.

_____% **SUPERVISION:** Describe your experience in personnel supervision including details on the number and classification of employees supervised, methods for scheduling work assignments, training programs used or developed, process used for performance evaluations, review and enforcement of occupational health and safety rules and regulations.

% **MISCELLANEOUS PROFESSIONAL EXPERIENCE**: List any other significant professional level experience which you feel is an asset toward the responsibilities associated with this position as detailed in the job specification. Including; preparation of technical records and reports, development of goals, objectives, use of specialized software to obtain and analyze data for technical reports.
